

Madagascar

1. Per USCINCPACINST 6200.2, Commanders are responsible for an effective Force Health Protection Plan for personnel deploying to locations within the USCP AOR, ensuring implementation of the Plan, for appointing a FHP Officer and assistant who will serve as the Commander's focal point for the planning, coordination, and execution of "real world" force health protection planning for a specific deployment. This is applicable to all assigned and attached personnel, all Department of Defense personnel performing official duties within locations in the AOR, and all U.S. contractor personnel employed directly by the DOD in locations in the AOR.

2. FHP Planning must include the following elements:

a. Health Threat Assessment. This assessment must evaluate known and anticipated health threats/hazards (including endemic diseases, injuries, industrial toxins, and climatic extremes) and the appropriate countermeasures to be taken for each.

b. Health Record and Readiness Screening. Performed prior to deployment. Items identified for screening include: immunizations, HIV testing, TB skin testing, DNA sample on file, current physical exam, dental class I or II, prescription medications on hand, and unresolved health problems (i.e., P-4 profile, limited duty, pregnancy, mental health, etc.) which could disqualify the Service member for deployment.

c. Health Threat Briefing. Must be performed prior to deployment. Attendance must be documented. Minimum contents of a Health Threat Briefing for Madagascar include the following material:

(1) Immunizations.

(a) Personnel must be up to date on all routine immunizations for personnel on deployable or mobility status (tetanus booster, hep A, typhoid, influenza, yellow fever)

(b) Current influenza vaccine. EVEN IF LOCAL FLU SEASON IS PAST AND NEW VACCINE IS NOT AVAILABLE YET.

(2) Malaria Chemoprophylaxis.

(a) Risk exists in all areas, with highest risk in coastal areas. Medicines that protect against malaria in this area include doxycycline and mefloquine.

(b) Doxycycline 100mg daily from 2 days before potential exposure to 30 days after. Alternate: Mefloquine 250 mg weekly from 2 weeks before potential exposure through 4 weeks after exposure.

(c) Primaquine 26.3mg daily for 14 days after departure from malaria threat area. Must be completed before stopping doxycycline or mefloquine.

(3) Personal Protective Measures.

(a) Permethrin treatment of uniforms and bed nets before departure (preferably with permethrin concentrate/compressed air sprayer technique, which lasts the life of the uniform).

(b) DEET cream. Apply to exposed skin and spread out into a thin layer (avoiding eyes and mouth) twice a day and at night to minimize risk of malaria and dengue.

(c) Sleep under a permethrin-treated bed net with the edges tucked in under the bedding all around.

(4) Safe Food and Water.

- (a) Wash hands before eating.
- (b) If available consume only approved food and water. Otherwise:
- (c) Eat piping hot, freshly cooked food from reputable sources.
- (d) Eat no salads or fresh fruit/vegetables (except intact fruit which you wash and open yourself)
- (e) Eat no food from street vendors or stalls
- (f) Drink bottled or canned water/beverages only without ice cubes

(5) Sexually transmitted diseases. STDs are found in every area in the world and can be serious or FATAL (e.g., HIV, gonorrhea, hepatitis B).

- (a) Abstinence is the only perfectly safe practice and is recommended.

- (b) barrier protection with latex condoms is the only other acceptable option (but can be just as dangerous in case of breakage).

(6) Motor Vehicle and General Safety.

- (a) The greatest risk to health for travelers is motor vehicle accidents. Seat belts and extreme caution in and around vehicles must be practiced.

- (b) General safety. Exercise caution in ALL activities to avoid injury of any type. If you are seriously injured, there may be no option other than medical care in a facility where sterility of equipment and safety of blood products are far below those in the U.S.

(7) Environmental Factors.

- (a) Heat injury. Climate is generally tropical in coastal areas, but cooler temperatures prevail in uplands. Injuries such as heat exhaustion and heat stroke must be prevented. Necessary precautions include drinking water frequently, on a schedule, to avoid dehydration; adhering to safe work-rest cycles during extreme conditions; and careful observation of teammates to detect warning signs of heat injury such as mental status changes and cessation of sweating.

- (b) Sun injury. Sun exposure can be intense. Wide-brimmed hats, long sleeves and trousers, and liberal use of SPF 15 or greater sunscreen are recommended precautions.

- (c) Environmental and industrial pollution. Fecal contamination of most water sources presents the largest pollution problem in Madagascar

(8) Hazardous Plants and Animals.

- (a) Rabies. Rabies occurs. Avoid all contact with dogs and other animals. For extended stays in remote areas, pre-exposure immunization with rabies vaccine may be needed. Animal bites of any type should be scrubbed vigorously with soap and water for 15 minutes, and should then be evaluated as soon as possible by a modern healthcare provider.

- (b) Snakes. There are no poisonous snakes in Madagascar.

(9) Personal Health and Fitness. Try as much as possible to maintain a healthful regimen of hygiene and fitness. Regular bathing and frequent changes of undergarments, including socks, are important. When exercising outdoors, be aware that shorts and tank tops will make you more susceptible to diseases carried by mosquitoes and other insects. Apply DEET repellent to exposed skin prior to exercising outdoors.

(10) Other comments. Madagascar completed a transition to a multi-party democracy in 1993 and held an orderly presidential election in 1996.

Major concerns are street crime and theft from residences and vehicles. Consular Information Sheet prior to travel (available at <http://travel.state.gov/>).

3. Assistance with Health Threat Assessments, Health Threat Briefings, and countermeasures planning can be obtained from the following sources:

a. Preventive Medicine Department, Tripler Army Medical Center, phone (DSN or 808)433-6693

b. Pacific Air Forces Public Health Officer, Hickam Air Force Base, phone (DSN or 808)449-2332, x269

c. Epidemiology Department, Navy Environmental and Preventive Medicine Unit 6, phone (DSN or 808)473-0555.